SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF FILER (In Full) **FEMINIST MAJORITY** Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Freitas, Christina, , , 10 2016 21 Mailing Address 1608 Rhode Island Ave NW Amount Apt #902 Zip Code City State 9.69 Washington DC 20036 Transaction ID: F57.5841 NC Purpose of Expenditure Office Sought: Category/ House State: Paid Distribution - Vote for Deborah Ross Type X Senate 00 District: President Name of Federal Candidate Supported or Opposed by Expenditure: ROSS, DEBORAH K. . . Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2016 4620.57 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Freitas, Christina, , , 10 21 2016 Mailing Address 1608 Rhode Island Ave NW Amount Apt #902 City State Zip Code 9.69 Washington DC 20036 Transaction ID: F57.5875 PΑ Purpose of Expenditure Office Sought: House Category/ State: Paid Distribution - Vote for Kathleen McGinty Type X Senate 00 District: President Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , , Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 9.69 2016 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Freitas, Christina, , , 2016 11 03 Mailing Address 1608 Rhode Island Ave NW Amount Apt #902 State Zip Code City 3.23 DC 20036 Washington Transaction ID: F57.6198 Purpose of Expenditure FL Office Sought: **✗** House Category/ State: Paid Distribution - Vote for Stephanie Murphy Type Senate 07 District: President Name of Federal Candidate Supported or Opposed by Expenditure: MURPHY, STEPHANIE, , , **X** Support Check One: Oppose Disbursement For: 2016 Primary General Calendar Year-To-Date Per Election 324.48 for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 22.61 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)